

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

04 -- 001

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)
JANUARY 1, 2004

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435.230

7. FEDERAL BUDGET IMPACT:

a. FFY '04 \$ 0
b. FFY '05 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT 6 TO ATTACHMENT 2.6A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

SUPPLEMENT 6 TO ATTACHMENT 2.6A

10. SUBJECT OF AMENDMENT:

MAXIMUM STATE SUPPLEMENT PAYMENTS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

John R. Nicholas

16. RETURN TO:

Chris Zukas-Lessard, Acting Director
Bureau of Medical Services
#11 State House Station
CIVIC CENTER DRIVE
Augusta, ME 04333-0011

14. TITLE:

ACTING Commissioner, Maine Dept. of Human Services

15. DATE SUBMITTED: 3/2/04

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3-12-04

18. DATE APPROVED:

4-22-04 4-20-04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01-01-04

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bruce D. Greenstein

22. TITLE:

Associate Regional Administrator, DMCH

23. REMARKS

State: Maine

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS - Y2004

Payment Category (Reasonable Classification) Couple	Administrated By		Income Level				Income Disregards Employed	
	Federal	State	Gross	Couple	Net	Couple	1 Person	
			1 Person		1 Person			
(1)	(2)		(3)		(4)		(5)	
Living Alone		X	1,343.00	1,967.00	574.00	861.00	55.00	80.00
Living in Household of Another		X	963.00	1,397.00	384.00	576.00	55.00	80.00
Living in Foster Home		X	1,311.00	2,323.00	613.00	1,119.00	*	*
Living in Licensed Boarding Home (Flat rate)		X	1,647.00	2,957.00	781.00	1,436.00	*	*
Living in Med. Fac. or ICF would receive Supplement Payment if outside facility		X	1,343.00	N/A	574.00	N/A	55.00	*
Living in Med. Fac. or ICF would not receive Supp Pay if outside facility		X	1,692.00	N/A	40.00	N/A	*	*
Living in Licensed Boarding Home (cost reimbursed)		X	1,681.00	3,049.00	798.00	1,482.00	*	*

*All groups received
SSI disregards

04-001TN No. 04-001
Supersedes
TN No. 03-002

Approval Date: 01/01/04

Effective Date: 1/1/2004

HCFA ID: 7985E